

APPLICATION FOR CVO FEE REMISSION PROGRAM

State Form 52020 (R3/8-06)

State Student Assistance Commission of Indiana



This state of Indiana program—the *CVO Program*—provides tuition and fee assistance at public colleges for eligible children and spouses of certain Indiana public safety officers killed in the line of duty. As a supplement to other state financial aid, the grant pays for approved tuition and mandatory course related fees; it does not cover non-tuition fees such as room and board or books. Students who might be covered under the establishing Indiana Code (IC 20-12-19.5-1 or IC 10-1-2-11) are:

- A child or spouse of a police officer, firefighter or emergency medical technician killed in the line of duty.
- A child or spouse of an Indiana state police trooper permanently and totally disabled in the line of duty.

The deceased public safety officer must have been killed in the line of duty while a legal resident of Indiana, a public employee of the state, an Indiana town, city, township, or county, and be one of the following:

- (1) A regular, paid law enforcement officer;
- (2) A regular, paid firefighter;
- (3) A volunteer firefighter (as defined in IC 36-8-12-2);
- (4) A county police reserve officer;
- (5) A city police reserve officer;
- (6) A paramedic (as defined in IC 16-18-2-266);
- (7) An emergency medical technician (as defined in IC 16-18-2-112); or
- (8) An advanced emergency medical technician (as defined in IC 16-18-2-6).

Some program restrictions apply and financial assistance may be limited. Children must be less than 23 years of age to receive the benefit, a full-time undergraduate or graduate degree-seeking student, and the biological or legally adopted dependent child of the covered public safety officer. Spouses must be enrolled in a degree-seeking undergraduate program and must have been married to the covered public safety officer at the time of death. Both children and spouses must be regularly admitted as in-state students to one of the public colleges listed on the reverse of this page and must maintain satisfactory academic progress (as defined by the college) while receiving the fee remission. Other restrictions might apply.

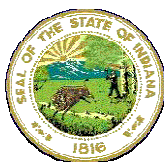
The completed application – the last 2 pages of this document – and all necessary supporting documentation must be submitted to the State Student Assistance Commission (SSACI) at least 30 days before the start of the college term. Each child (and spouse) must submit a separate application and they must re-apply whenever they change schools or interrupt enrollment for a year or more. The approved application will be returned to the applicant. **It must be presented at the financial aid office of the chosen college in order to receive the fee remission benefit.** If the application is not approved, the student will be notified in writing. The application and supporting documentation must be mailed to the following address. Faxed or incomplete documents will not be accepted.

CVO Fee Remission Program
State Student Assistance Commission of Indiana
150 W. Market Street, Suite 500
Indianapolis, IN 46204

Voice: (317) 232-2350 or (888) 528-4719

<http://www.in.gov/ssaci/>

Please also note that all students are **required** to file the ***Free Application for Federal Student Aid*** (FAFSA) each year at least 30 days before they start college. This federal government form can be obtained on-line at fafsa.ed.gov or from a high school or college.



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Eligible Indiana Colleges for the CVO Program: Public Colleges Only

Institutional Code

Name

001786

Ball State University

001807

Indiana State University

001808

University of Southern Indiana

001843

Vincennes University

Indiana University Campuses

001809

Bloomington

001811

East (Richmond)

E01033

IUPUC (Columbus)

001813

IUPUI (Indianapolis)

001814

Kokomo

001815

Northwest (Gary)

001816

South Bend

001817

Southeast (New Albany)

Ivy Tech Community College of Indiana Campuses

035213

Bloomington

010038

Columbus

009925

Evansville/Tell City

009926

Fort Wayne

010040

Gary/Valparaiso/East Chicago/Michigan City

009917

Indianapolis

010041

Kokomo/Logansport/ Wabash

010039

Lafayette/Crawfordsville

009923

Madison/ Lawrenceburg/Batesville

009924

Muncie/Anderson/Marion

010037

Richmond/Connersville

010109

Sellersburg

008423

South Bend/Warsaw/Elkhart

008547

Terre Haute/Greencastle

Purdue University Campuses

001827

Calumet

001828

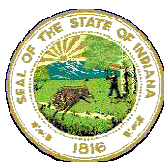
IPFW (Fort Wayne)

001826

North Central

001825

West Lafayette



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Please complete both sides of this application

1. Please check whether you are a **child** or **spouse** of the covered publicly employed safety officer. Check one box only.

Child	Spouse	Covered publicly employed safety officer
		A regular, paid law enforcement officer killed in the line of duty
		A regular, paid firefighter killed in the line of duty
		A volunteer firefighter (as defined in IC 36-8-12-2) killed in the line of duty
		A county police reserve officer killed in the line of duty
		A city police reserve officer killed in the line of duty
		A permanently and totally disabled state police trooper
		A paramedic (as defined in IC 16-18-2-266) killed in the line of duty
		An emergency medical technician (as defined in IC 16-18-2-112) killed in the line of duty
		An advanced emergency medical technician (as defined in IC 16-18-2-6) killed in the line of duty

Remarried spouses: The children of a remarried surviving spouse, or the spouse herself or himself, are eligible to be considered for the CVO Program. If you are a child whose surviving parent has remarried or an eligible spouse who has remarried, please check here _____. Complete the following table with your current (legal) name.

2. Please complete the following about **yourself** (the student applicant). Please print.

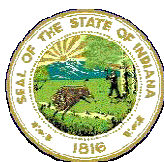
First Name	Middle Initial	Last Name	E-mail Address
Social Security Number	Date of Birth (mm/dd/yyyy)	Telephone Number	
Street Address	City	State	Zip Code
Please select from the list on the previous page the college you plan on attending next term			
College Name	College Code	Date of Enrollment	

This section applies to children only.

3. In order to be eligible, you must be the biological child of the covered public safety officer or legally adopted by that covered public safety officer. If legally adopted, it must have been when you were less than 24 years of age; not married; had no dependents of your own; and not a veteran of the armed forces. Adoption by the spouse of a covered veteran is not valid for inclusion of a child in the CVO Program. Adoption must be in effect before application for the benefits is submitted.

Please write your initials in the appropriate space:

- a) I am the biological child of the covered public safety officer: ____.
- b) I was legally adopted by the covered public safety officer. *I have attached a copy of the legal documents indicating when and where I was adopted:* ____.
- c) I am not the biological child nor was I legally adopted: ____



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4. Please complete the following about the **covered public safety officer** at the time of his or her death, or if a permanently disabled state police trooper, the current information:

First Name	Middle Initial	Last Name
Social Security Number	Date of Birth (mm/dd/yyyy)	Date of Death (or Disability)
Street Address	City	State Zip Code
I attest that the covered public safety officer was a public employee and a legal resident of the state of Indiana at the time he or she was killed in the line of duty or that he or she is a permanently and totally disabled Indiana State Police trooper.		
Your signature:		
Public Safety Officer Employer Information		
Position of Covered Officer	Name of Public Employer	Street Address of Employer
City of Employer	State/Zip Code of Employer	Telephone Number of Employer

Required Attachments

You must attach to this application two items: (1) a copy of the official death certificate and (2) a letter from the public employer listed above attesting to the information you have supplied (including residency). The letter must be on the official stationery of the public safety department and signed by an appropriate chief officer of the department. The information will be verified through the 1977 Police Officers' and Firefighters' Pension and Disability Fund (PERF), the state Emergency Medical Service Agency (SEMA/EMS), the Indiana State Police (ISP) or other entities as appropriate.

I attest that the information I have given on this application is true and accurate, that I have attached all necessary documentation, and that I have read and understood the CVO Program requirements and limits:

Your Signature	Today's Date

The application and supporting documentation must be mailed to the following address. Incomplete or faxed applications will not be accepted and will be returned.

**CVO Fee Remission Program
State Student Assistance Commission of Indiana
150 W. Market Street, Suite 500
Indianapolis, IN 46204**

TO BE COMPLETED BY THE STATE STUDENT ASSISTANCE COMMISSION		
Approved: _____	Incomplete: _____ Please see attached explanation.	Denied: _____ Please see attached explanation.
Printed Name	Signature	Date